

WYOMING DEPARTMENT OF EMPLOYMENT
WORKERS' SAFETY AND COMPENSATION DIVISION
CHEYENNE BUSINESS CENTER, 1510 EAST PERSHING BOULEVARD
CHEYENNE, WYOMING 82002

CHANGE OF ADDRESS OR CHANGE OF NAME

Case Number: _____

SS#: _____

Previous Employee Name: _____

New Name: _____

Previous Address: _____

City: _____ State: _____ Zip: _____

New Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Effective Date: _____

Signature: _____

NOTICE: *If you are receiving payments through the Electronic Funds Transfer (Direct Deposit) and these changes will affect your bank account, you will be required to submit an updated EFT form.*